

SERIAL NUMBER 09/164,287	FILING DATE 10/01/98	CLASS 6C0	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 19036/35043
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APPLICANT

SHOZO KAWANISHI, NISHINOMIYA-SHI, JAPAN; MASAMI YAMANAKA, MIKI-SHI, JAPAN; YASUTOSHI MASUDA, AKASHI-SHI, JAPAN.

****CONTINUING DOMESTIC DATA*******
VERIFIED
JKL

****371 (NAT'L STAGE) DATA*******
VERIFIED
JKL

****FOREIGN APPLICATIONS*******
VERIFIED JAPAN HEI 9-357510 12/25/97
JKL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/06/99

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>JKK</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY JPX	SHEETS DRAWING 3	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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ADDRESS

NATE F SCARPELLI
MARSHALL O TOOLE GERSTEIN MURRAY
AND BORUN 6300 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO IL 60606-6402

TITLE

BODY FAT DETERMINING DEVICE

FILING FEE RECEIVED \$920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/164,287		FILING DATE 10/01/98	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DÖCKE 19036/35043	
APPLICANT	SHOZO KAWANISHI, NISHINOMIYA-SHI, JAPAN; MASAMI YAMANAKA, MIKI-SHI, JAPAN; YASUTOSHI MASUDA, AKASHI-SHI, JAPAN.					
	CONTINUING DOMESTIC DATA*** VERIFIED <u>JVL</u>					
	371 (NAT'L STAGE) DATA*** VERIFIED <u>JVL</u>					
	FOREIGN APPLICATIONS*** VERIFIED <u>JVL</u>					
ADDRESS	Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 3	TOTAL CLAIMS 6
	Verified and Acknowledged Examiner's Initials _____ Initials _____		INDEPENDENT CLAIMS 1			
TITLE	NATE F SCARPELLI MARSHALL O TOOLE GERSTEIN MURRAY AND BORUN 6300 SEARS TOWER 233 SOUTH WACKER DRIVE CHICAGO IL 60606-6402					
	BODY FAT DETERMINING DEVICE					
FILING FEE RECEIVED \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.37 Fees (Processing Ext. of time) <input type="checkbox"/> 1.78 Fees (issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		